

**THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
PURCHASING DEPARTMENT  
3300 Forest Hill Boulevard, Suite A-323  
West Palm Beach, FL 33406-5813**

**INVITATION TO BID  
Bidder Acknowledgement**

**Vendor Name: Universal Cabling Systems, Inc.**

**Vendor Mailing Address: 914 Fern Street  
West Palm Beach, FL 33401**

**E-Mail Address: info@ucscable.com**

**Area Code / Telephone Number: 561-659-6224**

**Toll-Free Telephone Number: 800-479-6899**

**Fax Number: 561-659-6308**

**Web Address: www.ucscable.com**

**FEID No. or SS #: 65-0183752**

**Delivery calendar days after receipt of order: 15**

**ANTI-COLLUSION**

By electronically submitting your bid, the bidder certifies that they have not divulged, discussed or compared their bid with other bidders and have not colluded with any other bidder or parties to a bid whatsoever. No premiums, rebates or gratuities permitted either with, prior to, or after any delivery of material. Any such violation will result in the cancellation and/or return of materials (as applicable) and the removal from the bid lists for the School District of Palm Beach County, Florida and I hereby certify that I have read and understand the requirements of this Invitation to Bid and that I am duly authorized to execute this offer document and any contract(s) and/or other transaction by award of this bid.

**BID CERTIFICATION**

I further certify that I have read the entire contents of this Invitation to Bid document and agree to full, complete and unconditional acceptance of the contents of this Invitation to Bid and all appendices and the contents of any Addendum released hereto. I further certify that by virtue of executing and returning this Bidder Acknowledgement Form, I am submitting the following information as this company's response.

**Name of Representative Submitting Bid: Ronald Dubeau**

**Title of Company Representative: Vice President**

**Date: 4/1/19**

**SCHOOL DISTRICT OF PALM BEACH COUNTY  
PURCHASING DEPARTMENT  
3300 Forest Hill Blvd, Suite A-323  
West Palm Beach, FL 33406-5813**

**REQUIRED RESPONSE FORM**

**This information package should be submitted to BidSync for the School District of Palm Beach County, Purchasing Department. Information Packages are due and will be opened at this time.**

**Anti-Collusion Statement / Public Domain**

I, the undersigned responder(s), have not divulged, discussed, or compared this information package with any other responder(s), and have not colluded with any other Responder(s) in the preparation of this information package in order to gain an unfair advantage in the award of this information package.

I acknowledge that all information contained herein is part of the public domain as defined in the Public Records Act, Chapter 119, F.S.

**Information Package Certification**

I hereby certify that I am electronically submitting the following information as my company's information package. Information Package must be signed by an officer or employee having authority to legally bind the responder(s).

RESPONDER(S) (firm name): Universal Cabling Systems, Inc.

STREET ADDRESS: 914 Fern Street

CITY & STATE: West Palm Beach, FL 33401

ELECTRONIC SIGNATURE OF AUTHORIZED REPRESENTATIVE: Ronald Dubeau

TITLE: Vice President DATE: 4/1/19

CONTACT PERSON: Sue Dubeau

CONTACT PERSON'S ADDRESS: 914 Fern Street, West Palm Beach, FL 33401

TELEPHONE: 561-659-6224 FAX: 561-659-6308 TOLL FREE:

E-MAIL ADDRESS: sue@ucscable.com INTERNET URL: www.ucscable.com

RESPONDER(S) TAXPAYER IDENTIFICATION NUMBER: 65-0183752



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
OFFICE OF DIVERSITY IN BUSINESS PRACTICES

# Participation Letter of Intent

Minority/Women Business Enterprise (M/WBE)     Small Business Enterprise (SBE)

Submit completed form to the Senior Project Administrator (SPA). Direct all questions to (561) 681-2403.  
Form must be **submitted to Bidsync.com**

BID/RFP or Project Name    19C-24T Cabling Contractor Services

Name of Bidder/Construction Manager    Universal Cabling Systems, Inc.

The undersigned intends to perform work with the above project as (check one):

Individual     Partnership     Corporation     Joint Venture\* *If a joint venture, attach letterhead or other documentation proving relationship.*

The undersigned intends to perform work with the above project as (check one):

Subcontractor     Subconsultant     Manufacturer     Supplier

The undersigned is:     Certified with the School District of Palm Beach County as a M/WBE Vendor.

Certified with the School District of Palm Beach County as a SBE Vendor.

Certified with the State of Florida, Department of General Services (Provisional).

The undersigned is: (MWBE or SBE must check one in Column 1 and Column 2; Column 3, if applicable)

**Column 1**

**Column 2**

**Column 3**

African American     Native American     Female     Male     Physically Impaired  
 Asian American     American  
 Hispanic American

**PARTICIPATION** The undersigned intends to perform the following work in connection with the above project:

Item No.	Division No.	Contract (Trade) Items (Description/Division)	Amount
		19C-24T--01-01 - Hourly Rate	65.00
		19C-24T--01-02 - Hourly Rate	97.50
		19C-24T--01-03 - Hourly Rate	97.50
		19C-24T--01-04 - Hourly Rate	55.00
		19C-24T--01-05 - Hourly Rate	82.50
		19C-24T--01-06 - Hourly Rate	82.50
		19C-24T--01-07 - Cost Plus Percentage	10%

If the undersigned intends to sub-contract any portion of this subcontract to a non-certified M/WBE or SBE subcontractor, the amount of any such subcontract must be stated: \$ 0.00

Name of M/WBE or SBE Subcontracting Firm    Universal Cabling Systems, Inc.

Name and Position (type or print)    Ronald Dubeau / Vice President

**INTERNAL USE ONLY - ROUTING DISPOSITION**  
All executed originals of the form must be submitted to the  
Office of Diversity in Business Practices  
3300 Summit Blvd., West Palm Beach, FL 33406-5813

Ronald Dubeau    4/11/19  
Signature    Date

The Prime vendor understands and agrees to inform the Office of Diversity in Business Practices (ODBP) of any changes to the information contained in this form within five (5) business days.

STATE OF FLORIDA    )  
  ) SS  
COUNTY OF Palm Beach

**BEFORE ME**, the undersigned authority, personally appeared Ronald Dubeau who, being first duly sworn, on oath deposes and says that the information provided on PBSD 1525 Participation Letter of Intent is true and correct and that he or she has read the information provided on PBSD 1525 Participation Letter of Intent and knows the contents thereof.

Ronald Dubeau  
AFFIANT

The foregoing instrument was acknowledged before me this 15<sup>th</sup> day of April, 20 19, by Ronald Dubeau who is personally known to me or who has produced \_\_\_\_\_ as identification and who did (did not) take an oath.

NOTARY PUBLIC:    Signature: [Signature]  
State of Florida at Large (Seal)  
My commission expires: 12/14/2022

Print Name: Krista McNevin  
Notary Public State of Florida  
Krista McNevin  
My Commission GG 249463  
Expires 12/14/2022



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
**Beneficial Interest and Disclosure of Ownership Affidavit**

Bid No. 19C-24T Project No./ Title Cabling Contractor Services

Corporate Name Universal Cabling Systems, Inc.

Tax FEIN No. 65-0183752

Before me, the undersigned authority, personally appeared, Ronald Dubeau, ("Corporate Representative") this 1st day of April, 20 19, who, first being duly sworn, as required by law, subject to the penalties prescribed for perjury, deposes and says:

- 1) Corporate Representative has read the contents of this Affidavit, has actual knowledge of the facts contained herein, and states that the facts contained herein are true, correct, and complete.
- 2) The following is a list of every "person" (as defined in Section 1.01(3), Florida Statutes to include individuals, children firms, associates, joint adventures, partnerships, estates, trusts, business trusts, syndicates, fiduciaries, corporations and all other groups and combinations) holding 5% or more of the beneficial interest in the disclosing entity: (If more space is needed, attach separate sheet)

A. Persons or corporate entities owning 5% or more:

Name	Address	Percentage
Mark VanSon	914 Fern Street, West Palm Beach, FL 33401	66.66%
Ronald Dubeau	914 Fern Street, West Palm Beach, FL 33401	33.33%

B. Persons or corporate entities who hold by proxy the voting power of 5% or more:

Name	Address	Percentage

C. Stock held for others and for whom held:

1. Name / 2. From Whom Held	Address	Percentage
1. _____		
2. _____		
1. _____		
2. _____		
1. _____		
2. _____		

CORPORATE REPRESENTATIVE

By: *Ronald Dubeau*

**SWORN TO** and subscribed before me this 1st day of April, 20 19, by Ronald Dubeau Such person(s) (Notary Public must check applicable box).

is/are personally known to me.  produced a current driver license(s).  produced \_\_\_\_\_ as identification.

(NOTARY PUBLIC SEAL)

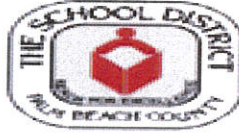
*Krista McNevin*  
 Notary Public

Krista McNevin  
 (Print, Type or Stamp Name of Notary Public)

PBSD 1997 (Rev. 02/29/20)



## Supplier Response Form



### THE SCHOOL DISTRICT OF PALM BEACH COUNTY Drug-Free Workplace Certification

Preference must be given to vendors submitting a certification with their bid/proposal certifying they have a drug-free workplace in accordance with Section 287.087, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is as follows:

**IDENTICAL TIE BIDS** - Preference shall be given to businesses with drug-free workplace programs. Whenever two or more bids which are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program, a business shall:

- 1) Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
- 2) Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
- 3) Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
- 4) In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
- 5) Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
- 6) Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Ronald Dubeau

4/1/19

VENDOR'S SIGNATURE

DATE

Universal Cabling Systems, Inc.

COMPANY NAME

**Must be executed and returned with attached bid at time of bid opening to be considered.**

PBSD 0580 (Rev. 4/8/2003)

ORIGINAL - Purchasing Department

**Please enter your password below and click Save to update your response.**

Please be aware that typing in your password acts as your electronic signature, which is just as legal and binding as an original signature. (See [Electronic Signatures in Global and National Commerce Act](#) for more information.)

**To take exception:**

- 1) Click Take Exception.
- 2) Create a Word document detailing your exceptions.
- 3) Upload exceptions as an attachment to your offer on BidSync's system.

By completing this form, your bid has not yet been submitted. Please click on the place offer button to finish filling out your bid.

Username **sue@ucscable.com**Password  \*

Save

Take Exception

Close

\* Required fields

# Universal Cabling Systems, Inc.


Communication is the *LINE* to Success

Voice / Data / Fiber Optic

## Statement of Non-Conflict of Interest

Universal Cabling Systems, Inc. does not employ any officer, director, or agent who is also an employee of the Palm Beach County School District. No Palm Beach County School District employee owns, directly or indirectly, any interest in Universal Cabling Systems, Inc. or its branches.

  
\_\_\_\_\_  
Ronald Dubeau / Vice President

  
\_\_\_\_\_  
Date



**ANNE M. GANNON**  
 CONSTITUTIONAL TAX COLLECTOR  
*Serving Palm Beach County*

P.O. Box 3353, West Palm Beach, FL 33402-3353  
 www.pbctax.com Tel: (561) 355-2264

**\*\*LOCATED AT\*\***

914 FERN STREET  
 WEST PALM BEACH, FL 33401-5718

*Serving you.*

TYPE OF BUSINESS	OWNER	CERTIFICATION #	RECEIPT #/DATE PAID	AMT PAID	BILL #
23-0159 COMMUNICATION & SOUND SYSTEM	VANSON MARK & DUBEAU RONALD	ES12000228	B18.513308 - 08/17/18	\$27.50	B40115312

This document is valid only when receipted by the Tax Collector's Office.

**STATE OF FLORIDA  
 PALM BEACH COUNTY  
 2018/2019 LOCAL BUSINESS TAX RECEIPT**

B1 - 522

UNIVERSAL CABLING SYSTEMS INC  
 UNIVERSAL CABLING SYSTEMS INC  
 914 FERN STREET  
 WEST PALM BEACH, FL 33401-5756

**LBTR Number: 199802438  
 EXPIRES: SEPTEMBER 30, 2019**

This receipt grants the privilege of engaging in or managing any business profession or occupation within its jurisdiction and **MUST** be conspicuously displayed at the place of business and in such a manner as to be open to the view of the public.



**ANNE M. GANNON**  
 CONSTITUTIONAL TAX COLLECTOR  
*Serving Palm Beach County*

P.O. Box 3353, West Palm Beach, FL 33402-3353  
 www.pbctax.com Tel: (561) 355-2264

**\*\*LOCATED AT\*\***

914 FERN STREET  
 WEST PALM BEACH, FL 33401-5718

*Serving you.*

TYPE OF BUSINESS	OWNER	CERTIFICATION #	RECEIPT #/DATE PAID	AMT PAID	BILL #
23-0012 CW COMMUNICATION & SOUND SYSTEM	VANSON MARK & DUBEAU RONALD	ES12000171	U18.672637 - 08/23/18	\$185.85	B40115311

This document is valid only when receipted by the Tax Collector's Office.

**STATE OF FLORIDA  
 PALM BEACH COUNTY  
 2018/2019 LOCAL BUSINESS TAX RECEIPT**

UNIVERSAL CABLING SYSTEMS INC  
 UNIVERSAL CABLING SYSTEMS INC  
 914 FERN STREET  
 WEST PALM BEACH, FL 33401-5756

**LBTR Number: 199802439  
 EXPIRES: SEPTEMBER 30, 2019**

This receipt grants the privilege of engaging in or managing any business profession or occupation within its jurisdiction and **MUST** be conspicuously displayed at the place of business and in such a manner as to be open to the view of the public.



# *State of Florida*

## *Department of State*

I certify from the records of this office that UNIVERSAL CABLING SYSTEMS, INC. is a corporation organized under the laws of the State of Florida, filed on March 10, 1989.

The document number of this corporation is K71983.

I further certify that said corporation has paid all fees due this office through December 31, 2019, that its most recent annual report/uniform business report was filed on January 3, 2019, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Third day of January, 2019*



*Ken Detjmer*  
**Secretary of State**

Tracking Number: CC3433951933

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

RICK SCOTT, GOVERNOR



JONATHAN ZACHEM, SECRETARY



**STATE OF FLORIDA**  
**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**  
**ELECTRICAL CONTRACTORS LICENSING BOARD**

THE SPECIALTY ELECTRICAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE  
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

**DUBEAU, RONALD P**  
UNIVERSAL CABLING SYSTEMS INC  
914 FERN ST  
WEST PALM BCH FL 33401

**LICENSE NUMBER: ES12000171**

**EXPIRATION DATE: AUGUST 31, 2020**

Always verify licenses online at [MyFloridaLicense.com](http://MyFloridaLicense.com)



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

The School District of Palm Beach County, FL  
Office of Diversity In Business Practices

**Congratulations!**  
**SBE**  
**(Small Business Enterprise)**

**Universal Cabling System, Inc..**

*This certificate is valid from*

**December 9, 2016 – December 8, 2019**

*The following areas that your firm has been certified:*

*Cabling Construction, Installation and Maintenance (Fiber Optic, Communication, Computer, etc., Public Address Systems, Telecommunications Services (Not otherwise classified); Telephone Services including Installation, Moves, Changes, Adds, Programming, Removal, Training, etc. (To include Pay Phones)*

Certification is not a guarantee that your firm will receive work. Please ensure that your company is registered with [www.demandstar.com](http://www.demandstar.com) to receive notification of upcoming opportunities. Any change to your certification requires you to submit proof of expertise, licensure and a business history (at minimum) to justify the additional certification. You are required to submit a copy of your certification letter with each bid, or proposal that you submit to the School District. You must notify this office if the status of your firm changes. Failure to report changes that affect the ownership and control of your firm may result in decertification.



**Patrick Chryostome, Specialist**

**Michelle Andrewin, Director**

Building Industry Consulting Service International

THE PROFESSIONAL DESIGNATION OF

# REGISTERED COMMUNICATIONS DISTRIBUTION DESIGNER<sup>®</sup>

IS AWARDED TO

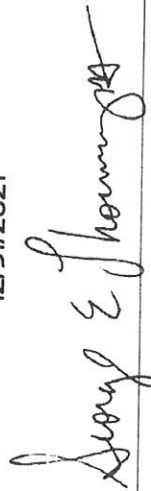
## Bruce Boyd

by BICSI in recognition of having successfully completed BICSI's registration and examination requirements.

Designation Number: 211401R

Registration Start Date: 1/1/2019

Registration End Date: 12/31/2021



Chair, Registrations & Credentials Supervision Committee



12/19/1997



Director of Credentialing

# Universal Cabling Systems, Inc.

*Communication is the **LINE** to Success*

Voice / Data / Fiber Optic

## ORGANIZATION PROFILE

Corporate Name: Universal Cabling Systems, Inc.

Corporate Headquarters Address: 914 Fern Street  
West Palm Beach, FL 33401

Broward County Location: 10072 NW 53<sup>rd</sup> Street  
Sunrise, FL 33351

Phone Numbers: Main: 561-659-6224  
Toll Free: 800-479-6899  
Fax: 561-659-6308

Years in Business: 30

Universal Cabling Systems, Inc. has been a provider of quality installations for copper, fiber optic, and voice cabling for customers throughout the state of Florida, and in other areas on a contract basis since 1989. We offer project management with all installations beginning with scheduling, throughout the installation process, and ending with the close-out process for each project.

Our project Foreman and installation technicians are certified with the latest product technology and testing equipment to offer our customers a complete installation according to all codes and standards.

914 Fern Street ~ West Palm Beach ~ Florida ~ 33401  
10072 NW 53<sup>rd</sup> Street ~ Sunrise ~ Florida ~ 33351  
Phone: (561) 659-6224 ~ Fax: (561) 659-6308 ~ Toll Free: (800) 479-6899  
Email: [info@ucscable.com](mailto:info@ucscable.com) Web: [www.ucscable.com](http://www.ucscable.com)



# Universal Cabling Systems, Inc.

Communication is the *LINE* to Success

Voice / Data / Fiber Optic

## ***Our Vision Statement:***

***Universal Cabling Systems, Inc. will continue to grow and change as technology changes in order to accommodate the needs of our customer. We will manage this through training, innovative ideas, and maintaining close relationships with our manufacturing partners.***

## **Officers:**

President:	Mark VanSon	561-659-6224 Ext. 202 mark@ucscable.com
Vice President:	Ron Dubeau	561-659-6224 Ext. 206 ron@ucscable.com

## **Administrative Support Staff:**

Office Manager:	Krista McNevin	561-659-6224 Ext. 204 krista@ucscable.com
Project Manager:	David Dubeau	561-659-6224 Ext. 203 david@ucscable.com
Chief Estimator:	Robert Herron	561-659-6224 Ext. 205 robert@ucscable.com
Purchasing:	Sue Dubeau	561-659-6224 Ext. 201 sue@ucscable.com
Sales:	Ryan VanSon	561-659-6224 Ext. 207 ryan@ucscable.com

914 Fern Street ~ West Palm Beach ~ Florida ~ 33401  
10072 NW 53<sup>rd</sup> Street ~ Sunrise ~ Florida ~ 33351  
Phone: (561) 659-6224 ~ Fax: (561) 659-6308 ~ Toll Free: (800) 479-6899  
Email: [info@ucscable.com](mailto:info@ucscable.com) Web: [www.ucscable.com](http://www.ucscable.com)



**SCHOOL DISTRICT OF PALM BEACH COUNTY**

**PURCHASING DEPARTMENT**

**AREA REPRESENTATIVE**

Please list the contact for this contract Add additional forms if necessary

Vendor Name:	<b>Universal Cabling Systems, Inc.</b>
Area Representative:	<b>Ronald Dubeau</b>
Address:	<b>914 Fern Street</b>
City/Zip Code:	<b>West Palm Beach, FL 33401</b>
Email Address:	<b>ron@ucscable.com</b>
Telephone:	<b>561-659-6224</b>
Cell Phone	<b>561-722-9503</b>
Fax Number:	<b>561-659-6308</b>
Emergency Number:	<b>561-722-9503</b>

**SCHOOL DISTRICT OF PALM BEACH COUNTY**

**PURCHASING DEPARTMENT**

**DEBARMENT CERTIFICATION**

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY  
AND VOLUNTARY EXCLUSION  
LOWER TIER COVERED TRANSACTIONS**

**This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 7 CFR Part 3017, Section 3017.510, Participants' responsibilities. The regulations were published as Part IV of the January 30, 1989, Federal Register (pages 4722-4733). Copies of the regulations may be obtained by contacting the Department of Agriculture agency with which this transaction originated. (Before Completing Certification, Read Instructions on Following Page)**

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by an Federal department or agency.**
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participants shall attach an explanation to this proposal.**

**Organization Name: Universal Cabling Systems, Inc.**

**Solicitation Number or Project Name: 19C-24T Cabling Contractor Services**

**Name of Authorized Representative: Ronald Dubeau**

**Title of Representative: Vice President**

**Date: 4/1/19**

**INSTRUCTION CERTIFICATIONS**

1. By electronic submission of this the prospective lower tier participant is providing the certification set out on the reverse side in accordance with these instructions.

2. The certification in this clause is a material representation of fact upon reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.



4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage section so rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this that it will include this clause titled, "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Non-procurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.



**THE SCHOOL DISTRICT OF PALM BEACH COUNTY**  
**Drug-Free Workplace Certification**

Preference must be given to vendors submitting a certification with their bid/proposal certifying they have a drug-free workplace in accordance with Section 287.087, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is as follows:

**IDENTICAL TIE BIDS** - Preference shall be given to businesses with drug-free workplace programs. Whenever two or more bids which are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program, a business shall:

- 1) Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
- 2) Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
- 3) Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
- 4) In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
- 5) Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
- 6) Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

*VENDOR'S SIGNATURE*

*DATE*

**Universal Cabling Systems, Inc.**  
*COMPANY NAME*



PBSD 0580 (Rev. 4/8/2003)

ORIGINAL - Purchasing Department

SCHOOL DISTRICT OF PALM BEACH COUNTY

PURCHASING DEPARTMENT

EARLY PAYMENT TERMS

**Bid number/Name: 19C-24T Cabling Contractor Services**

**Vendor Name: Universal Cabling Systems, Inc.**

If vendor chooses not to participate in Early Payment Terms, please acknowledge by placing N/A here → .

<b>EARLY PAYMENT:</b> Specify terms and discount for early payment. Check which terms you will be willing to provide for the duration of this contract to the School District.
0.5% 10 net 30 *
0.75% 5 net 30 *

\* Upon receipt of invoice by the School District of Palm Beach County Accounts Payable Department.

**Note:** Updating to these terms will affect all of your District payments. If you choose to revise these terms at a later date, the terms will affect all of your payments from the District.

**The School District of Palm Beach County**

**SMALL BUSINESS ENTERPRISE (SBE)**  
**CERTIFICATION INFORMATION**

Certification applications are available through the Office of Diversity in Business Practices:

<http://www.palmbeachschools.org/diversityinbusiness>

Office of Diversity in Business Practices  
School District of Palm Beach County  
3300 Summit Boulevard  
West Palm Beach, FL 33406  
Phone: (561) 681-2403

**Are you an SBE vendor certified by the School District of Palm Beach County?**

**YES\***

**NO**

\* If yes, please provide your certification information below and attach a copy of your certification:

Certification Expiration Date: **12/8/2019**

Ethnicity Classification: **N/A**

If you are not a certified SBE vendor and intend to sub-contract with a certified SBE firm(s), please list the vendors and the estimated dollar value below:

<u>Vendor</u>	<u>Estimated Dollar Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____









					Yes No		
					Yes No		
					Yes No		
					Yes No		

**PROPOSER'S STATEMENT OF PRINCIPAL PLACE OF BUSINESS**  
**(Must be completed & submitted with each competitive solicitation)**

Name of Proposer: **Universal Cabling Systems, Inc.**

Identify the state in which the Proposer has its principal place of business: **Florida**

**Proceed as follow: IF your principal place of business above is located within the State of Florida, the Proposer may sign below and attach to your solicitation. No further action is required. IF your principal place of business is outside of the State of Florida the following must be completed by an attorney and returned with your solicitation. Failure to comply shall be considered to be non-responsive to this solicitation.**

**OPINION OF OUT-OF-STATE BIDDER'S ATTORNEY ON BIDDING PREFERENCES**

*(To be completed by the Attorney for an Out-of-State Proposer)*

**NOTICE:** Section 287.084(2), Fla. Stat., provides that "a vendor whose principal place of business is outside this state must accompany any written bid, proposal, or reply documents with a written opinion of an attorney at law licensed to practice law in that foreign state, as to the preferences, if any or none, granted by the law of that state [or political subdivision thereof] to its own business entities whose principal places of business are in that foreign state in the letting of any or all public contracts." See also: Section 287.084(1), Fla. Stat.

**LEGAL OPINION ABOUT STATE BIDDING PREFERENCES**

*(Please Select One)*

The Proposer's principal place of business is in the State of and it is my legal opinion that the laws of that state do not grant a preference in the letting of any or all public contracts to business entities whose principal places of business are in that state.

The Proposer's principal place of business is in the State of and it is my legal opinion that the laws of that state grant the following preference(s) in the letting of any or all public contracts to business entities whose principal places of business are in that state: [Please describe applicable preference(s) and identify applicable state law(s)]:

**LEGAL OPINION ABOUT POLITICAL SUBDIVISION BIDDING PREFERENCES**

*(Please Select One)*

The Proposer's principal place of business is in the political subdivision of and it is my legal opinion that the laws of that political subdivision **do not grant a preference** in the letting of any or all public contracts to business entities whose principal places of business are in that political subdivision.

The Proposer's principal place of business is in the political subdivision of and the laws of that political subdivision **grant the following preference(s)** in the letting of any or all public contracts to business entities whose principal places of business are in that political subdivision: [Please describe applicable preference(s) and identify applicable authority granting preference(s)]:

Signature of out-of-state Proposer's attorney:

Printed name of out-of-state Proposer's attorney:

Address of out-of-state bidder's attorney:

Telephone Number of out-of-state bidder's attorney: ()

Email address of out-of-state bidder's attorney:

Attorney's states of bar admission:

Proposer's Printed Name: **Ronald Dubeau**Signature **Ronald Dubeau**

Company Name: **Universal Cabling Systems, Inc.**

**SCHOOL DISTRICT OF PALM BEACH COUNTY**

**PURCHASING DEPARTMENT**

**REFERENCES**

**Vendor Name: Universal Cabling Systems, Inc.**

**Bid number/Name: 19C-24T Cabling Contractor Services**

**This information will be used in the evaluation of this bid.**

List a minimum number of required references as stated in the Special Conditions which show experience in similar work, to include nature and scope of work, which demonstrates an expertise in providing the services as stated herein. Provide scope of work, contact name, addresses, telephone numbers and dates of service.

**Reference 1 – New Customer (one year or less)**

Name of Firm:	<b>Belcan</b>
Scope of Work:	<b>Installation of CAT6 data, camera, voice, and wireless access point outlets for complete information transport system for West Palm Beach offices.</b>
Cost of Service:	<b>\$258,738.00</b>
Date of Service:	<b>June 2018-December 2018</b>
Contact Person:	<b>Mark Bretland</b>
Email:	<b>mbretland@belcan.com</b>
Phone #:	<b>561-207-6767</b>
Address:	<b>10200 Anderson Way Cincinnati, OH 45242</b>

**Reference 2 – Past Customer (currently not doing business)**

Name of Firm:	<b>Palm Beach State College</b>
Scope of Work:	<b>CAT5E, CAT6, Wireless installations at various campuses.</b>
Cost of Service:	<b>\$110,053.00 (Last 5 years)</b>
Date of Service:	<b>2002 - Present</b>
Contact Person:	<b>Tony Milici</b>
Email:	<b>milicit@palmbeachstate.edu</b>
Phone #:	<b>561-868-3477</b>
Address:	<b>4200 Congress Avenue Lake Worth, FL 33461</b>

**Reference 3 – Repeat or Long Term Customer**

Name of Firm:	<b>Broward County Public Schools</b>
Scope of Work:	<b>CAT6, Fiber Optic, Wireless, &amp; Audio Visual installations district-wide.</b>
Cost of Service:	<b>\$15,380,909.00 (Last 5 years)</b>

Date of Service:	<b>2013 - Present</b>
Contact Person:	<b>Terri Kingsley</b>
Email:	<b>terri.kingsley@browardschools.org</b>
Phone #:	<b>754-321-0439</b>
Address:	<b>7720 West Oakland Park Blvd. Sunrise, FL 33351</b>

**Reference 4 – Repeat or Long Term Customer**

Name of Firm:	<b>Okeechobee County School District</b>
Scope of Work:	<b>CAT6, CAT6A, Fiber Optic, Wireless, &amp; Audio Visual installations district-wide.</b>
Cost of Service:	<b>\$496,997.00 (Last 5 years)</b>
Date of Service:	<b>2003 - Present</b>
Contact Person:	<b>Shawna May</b>
Email:	<b>shawna.may@okee.k12.fl.us</b>
Phone #:	<b>863-462-5704</b>
Address:	<b>700 SW 2nd Avenue Okeechobee, FL 34974</b>

**Reference 5 – Repeat or Long Term Customer**

Name of Firm:	<b>Broward College</b>
Scope of Work:	<b>CAT5E, CAT6, CAT6A, Wireless, Fiber Optic installations at all campuses.</b>
Cost of Service:	<b>\$474,031.00 (Last 5 years)</b>
Date of Service:	<b>2002 - Present</b>
Contact Person:	<b>Mike Coval</b>
Email:	<b>mcoval@broward.edu</b>
Phone #:	<b>954-475-6820</b>
Address:	<b>225 East Las Olas Blvd. Ft. Lauderdale, FL 33301</b>

THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
PURCHASING DEPARTMENT

## Supplier Information

Solicitation 19C-24T

This form must be filled out along with the W9 Form. (Note: It is your responsibility to contact our office if any of this information should change. Any acquisition or changes in ownership are required on letterhead and a new W9 must be obtained). **Purchase orders are required for all purchases. No school district employee is authorized to place an order for merchandise or services without a purchase order.** Go to the following link to read the School District's Terms & Conditions:

<http://www.palmbeachschools.org/purchasing/bids/purch/info/index.asp>

**For questions on this form, please contact DENNIS MESSERLI at**

Phone 561-434-8507 (Email): [Dennis.Messerli@palmbeachschools.org](mailto:Dennis.Messerli@palmbeachschools.org) or Fax: 561-963-3823

### **ORDER TO:**

Business Name **Universal Cabling Systems, Inc.**

Business Name, if different than above

Street Address **914 Fern Street**

City **West Palm Beach** State **FL** Zip Code **33401**

Company Email Address for Electronic Purchase Orders **sue@ucscable.com**

Fax Number **561-659-6308**

Taxpayer ID Number **65-0183752**

Contact Name **Sue Dubeau**

Phone **561-659-6224** Ext. **201**

### **REMIT PAYMENT TO:**

Same as above

Business Name

Street Address

City State Zip Code

**COMPLETED BY Sue Dubeau**

Title **Purchasing Agent**

Date **4/1/19**

Use the attached form "**Divisions or Subsidiary Companies**" that fall under the parent company and use the same tax ID number (TIN) but they have different order to and remit to locations.

### **Supplier Information for Divisions or Subsidiary Companies**

**Check here** if this section does not apply

This part of the is used for Divisions or Subsidiary companies that fall under the parent company and use the same tax ID number (TIN) but have different order to and remit to locations, including fax numbers and email addresses for Purchase Orders, please complete the following:

Parent Company Name **Universal Cabling Systems, Inc.**

#### **ORDER TO: N/A**

Taxpayer ID Number **N/A**

Division/Subsidiary Name **N/A**

Street Address **N/A**

City **N/A**State **N/A**Zip Code **N/A**

Company Email Address for Electronic Purchase Orders **N/A**

Fax Number

Contact Name **N/A**

Phone **N/A**Ext.

#### **REMIT PAYMENT TO:**

Same as above

Division/Subsidiary Name

Street Address

City State Zip Code

COMPLETED BY **Sue Dubeau**

Title **Purchasing Agent**

Date **4/1/19**

# W-9

(Rev. December 2018)  
Department of the Treasury Internal  
Revenue Service

## Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send  
to the IRS.

Print or type  
See Specific  
Instructions on  
page 2.

Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

**Universal Cabling Systems, Inc.**

Business name/disregarded entity name, if different from above

**Universal Cabling Systems, Inc.**

Check appropriate box for federal tax classification:

Individual/sole proprietor or single-member LLC    C Corporation    S Corporation  
Partnership    Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)

**Note:** For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner

Other (see instructions)

Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)  
(Applies to accounts maintained outside the U.S.)

Address (number, street, and apt. or suite no.)

**914 Fern Street**

Requester's name and address (optional)

City, state, and ZIP code

**West Palm Beach, FL 33401**

List account number(s) here (optional)

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

**N/A**

Employer identification number

**65-0183752**

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here

Signature of  
U.S. person

Ronald Dubeau

Date **4/1/19**

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

### Purpose of

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)







